

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90048 010 ****61.25

DOCUMENT # 734460

1. Entity Name
**THE COUNTRY CLUB OF SARASOTA HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**LIGHTHOUSE MGMT REALTY
16 CHURCH ST
OSPREY, FL 34229 US**

Mailing Address
**LIGHTHOUSE MGMT REALTY
16 CHURCH ST
OSPREY, FL 34229 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1906607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROSKE, RAY
3936 SPYGLASS HILL ROAD
SARASOTA, FL 34238**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SWITHERS, ROBERT**
STREET ADDRESS **3777 TORREY PINES BLVD.**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **S** ☐ Delete
NAME **FREEMAN, JOHANNA**
STREET ADDRESS **3755 PRAIRIE DUNES DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **T** ☐ Delete
NAME **GROSKE, RAY**
STREET ADDRESS **3936 SPYGLASS HILL ROAD**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **D** ☐ Delete
NAME **FAIRLY, TODD**
STREET ADDRESS **3978 SPYGLASS HILL ROAD**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **D** ☐ Delete
NAME **KLAFTER, SAMUEL**
STREET ADDRESS **3738 SPYGLASSHILL ROAD**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **D** ☐ Delete
NAME **GREENE, DICK**
STREET ADDRESS **3857 PRAIRIE DUNES DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34238**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/6/08 941
929-0606**